BEST AVAILABLE COPY

PATEN	T APPLICATION F Substitute	EE DETERMINA lor Farm PTO-875	TION RECORD	information unte	ce: U.S. DE	PTO/SB/06 ph 7/31/2806. OMB 065 PARTMENT OF COMM B o valid OMB control of
6				•		Opphel Number
· C	LAIMS AS FILED - P.	ARTI			77	
	(Column 1)			•	'U_	-547
FOR		(Column 2)	SMALL	ENTITY	OR	OTHER THAN
BASIC FEE	NUMBER FILED	NUMBER EXTRA		7		SMALL ENTITY
(37 CFR 1.18(a))		- LAINA	RATE	FEE	$\Gamma$	2475
FOTAL CLAIMS			11 - 7		-  -	RATE FEE
(37 CFR 1.16(cl)	minus 20 =		7		OR	1.
INDEPENDENT CLAIMS			x s =	1		
	minus 3 =				OR K	1
MULTIPLE DEPENDENT CLA	M PRESENT		-   <del>^ 3</del>		OR X	,
		1.16(d))	11+	-	~ <del> </del>	<u>`</u>
if the difference in column t	is less than zero anto and		ا لــــــــــــــــــــــــــــــــــــ		OR +	
			TOTAL	. 7		
CLAIMS	AS AMENDED - PAR	T 11	Ļ		OR 1	TOTAL
-1 -156			•		. *	***************************************
(Colum	nn 1) (Colo	umn 2) · (Catuma 3)		•		
Col ax	IMS I I	. (44.01101.3)	SMALL EN	TITY	OR :	OTHER THAN
130/10 REMA	NUM	BER.   POECEAR				SMALL ENTITY
AMEND	PREVI	MISLY EVICE	RATE	ADDI-	i i	
(37 CFR 1.15(cj)	MENT PAID	FOR	$1 \cdot 1^{\circ}$	MONAL T	1 R	ATE AÓDI
Independent	9	21-	75	FEE		TIONAL FEE
(31 CFR 1.16(b))	Minus		x:25.	or	x . 5	
FIRST BOSES	101	7	x:/00	- 1	٠ ١٠٠٦	¥ .
FIRST PRESENTATION OF M	ALTIPLE DEPENDENT CLAIM	(\$2 CER + in		OR	Jan 2	O <sub>=</sub>
		1.10(d))	+1/BO=	OR		
J_ 1U_^\F	•	.•	TOTAL	—— ···	+:3/	
Colomo			ADO'L FEE	OR	TOTAL	
CLAIMS	(COLUM)	2) (Column 3)			ADD'L F	EE
REMARKIN	G HIGHES	l porceum l. l				. 1
AFTER AMENOME	I PREVIOUS	SV EVER	RATE AD		1	
Total Total	Minus " ()	1	TIO	VAL	RATE	ADDI.
dependent	1 70		FE	<u>-</u>		TIONAL
dependent - TOPR LISTON	Minus ···	<del></del>	x : 25 -	OR	x 150	
ST ADSCS	<u> </u>		x 1/00=			
RST PRESENTATION OF MULT	PLE DEPENDENT CLAIM (17	CER LISCOU		OR	x : 200	
			·s/BQ=	OR		1
•			OTAL	╛┈╵	+360.	
(Cotumn v)	45.	. А	LOOK FEE		ADD'L FEE	1
CLAIMS	(Column 2)	(Column 3)			>~ C   CC	
REMAINING	HIGHEST NUMBER	PRESENT		<b>-</b>		i
AFTER AMENDMENT	, PREVIOUSLY	EXTRA	RATE ADDI-			T
Total	Minus PAID FOR	1	TIONAL		RATE	ADDI-
200	manus		FEE	4 L		TIONAL FEE
R 1.16(b))	Minus	× 1	25 =	In I	.60	1 - TEE
			100=	- OR LX	:50.	L
PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (03			OR X	200	
	(37 OF	4 1.86(d)) + s	180	1 1	360	

If the entry in column 1 is less than the entry in columit 2, write "0" in column 3.

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Fighest Number Previously Paid For" (Total or Integerdent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to title (and by the USPTO to process) an application. Confidentiatily is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO 9199 and select option 2.